

Dr. Rathel Nolan 5/21/2019

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

MARGARET CRAIG, as next of kin
and Personal representative of
the estate of Angela Hulsey
PLAINTIFF

V. CIVIL ACTION NO. 3:17-CV-01335

CHEATHAM COUNTY,
TENNESSEE, BEN MOORE,
MARK BRYANT, STEPHANIE
GIZZI-BELL, JESSICA
PLANK; KEITH PFEIFFER,
MICHAEL MONTGOMERY, JUSTIN
PAUL; BRANDON REASONOVER;
TAHSA BIGGS; HARLEY GEROW;
JOSH MARRIOTT; JEFFREY GOAD;
JUDY KING; ROGER TEMPLE;
JEFFY KEY; JAMES BARNUM;
and JOHN DOES 1 and 2
DEFENDANTS

VIDEOCONFERENCE DEPOSITION OF DR. RATHEL NOLAN

Taken at the instance of the Defendant at Brooks
Court Reporting, 12 Lakeland Circle, Suite A,
Jackson, Mississippi on Tuesday, May 21, 2019,
beginning at 1:39 p.m.

REPORTED BY: LORI W. BUSICK
Brooks Court Reporting
12 Lakeland Circle, Suite A
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Dr. Rathel Nolan 5/21/2019

1 A. Yes.

2 Q. But it looks, from the records, that her
3 treating physician knew enough to be concerned about
4 her leaving when she did, correct?

5 A. Yes.

6 Q. Why is that?

7 A. Well, because she has a history of IV drug
8 use and because she had the gram-positive cocci in
9 her blood stream, it's a fairly common thing for
10 drug abusers to have just what she had, which is
11 endocarditis. So there would be a concern that she
12 was bacteremic from something like staphylococcal
13 endocarditis or some other infections. Sometimes
14 they get joint infections when they inject into the
15 joints. So yes, it was a concern.

16 Q. What does it mean to be bacteremic?

17 A. It means they have -- physically have
18 bacteria in your blood stream.

19 Q. Is that -- are these two separate issues,
20 being bacteremic and the endocarditis?

21 A. No. Endocarditis is a cause of
22 bacteremia, but it's not the only cause of
23 bacteremia.

24 Q. Describe what endocarditis is if you
25 would?

Dr. Rathel Nolan 5/21/2019

1 A. Well, endocarditis is an infection on one
2 of the valves of the heart. And I don't know how
3 much of a description you want. But you have a
4 little blood clot that forms on the heart. And
5 those probably form normally and dissolve normally
6 in every one every day. But you get a clot on the
7 heart valve and the bacteria get into that clot and
8 they tend to grow. The clot gets bigger and people
9 -- as the heart beats, the valve opens and closes
10 and it flicks the bacteria out into the circulation.
11 So you have the bacteria in the blood stream and it
12 can travel other places.

13 With her kind of endocarditis it would be
14 the lungs, which it apparently did. And eventually
15 it will eat up and destroy the heart valve, which
16 can have some hemodynamic consequences. It didn't
17 really in her because she had a tricuspid valve
18 endocarditis, which is a less important valve to
19 your health and well-being than some of the others.

20 That's probably more of an explanation
21 than you wanted, but...

22 Q. No, that's fine.

23 Was she more at risk of developing
24 endocarditis because of her chronic IV drug use?

25 A. Yes, she was. Because that's a bacteria

Dr. Rathel Nolan 5/21/2019

1 Q. Was she extremely ill as of September 30,
2 2016?

3 A. Yes.

4 Q. What do you mean by extremely ill?

5 A. She had a life-threatening infection.
6 Staphylococcal endocarditis is a bad actor and you
7 tend to kind of -- people rock on with it for a
8 while, but untreated it's -- endocarditis untreated
9 is a hundred percent fatal. You just have to -- it
10 just depends on how long it takes.

11 Q. You also put in your report, "It's safe to
12 assume that her severe illness would have been
13 apparent to the most casual observer." That's the
14 sentence after the October 6th incarceration. Are
15 you referring to October 6, 2016 in that sentence?

16 A. Yes.

17 Q. Would her illness have been apparent to a
18 casual observer as of September 30, 2016?

19 A. Well, probably. I would have to look back
20 specifically at that in the records. Because you
21 have people who are not casual observers who saw
22 her. And I would be interested to see if any of the
23 physicians or other providers made comments about
24 she looks sick. Yeah, I think she would have looked
25 sick. She would have looked chronically ill then

Dr. Rathel Nolan 5/21/2019

1 basis. Probably about 72 hours.

2 Q. If she was experiencing symptoms
3 withdrawal from the drugs she had been taking, what
4 signs and symptoms would you have expected to see?

5 A. Again, that varies from medication to
6 medication and -- from drug of abuse to drug of
7 abuse, I'm sorry. Because stimulant drugs, when you
8 get off of them -- like methamphetamine is a
9 stimulant drug. And when you quit taking that, it's
10 like fatigue, depression and somnolence. And then
11 when you quit taking benzodiazepines then it's sort
12 of the opposite. You're off the depressive
13 medication and you have more excitably. It can
14 induce seizures. Then narcotic withdrawals are more
15 agitation, diarrhea, sweating, things of that
16 nature.

17 Q. Would you expect someone to experience flu
18 like symptoms who's experiencing drug withdrawals?

19 A. Broadly sure. You wouldn't feel good.

20 Q. Would you expect someone who was
21 bacteremic like Ms. Hulsey was to experience flu
22 like symptoms?

23 A. Yes. Yeah, if it's severe -- broadly,
24 yes, it would be some of that.

25 Q. So when she came to the jail -- or

Dr. Rathel Nolan 5/21/2019

1 whenever she started experiencing symptoms of
2 withdrawal when she was in jail, those symptoms
3 would have looked similar to someone who was
4 bacteremic; is that fair?

5 A. It could have.

6 Q. We've already discussed a layperson
7 wouldn't be able to look at Ms. Hulsey when she's in
8 the jail and be able to discern whether the symptoms
9 she was demonstrating were consistent with drug
10 withdrawals or bacteremia, correct?

11 A. Well, are we talking about -- through her
12 entire incarceration were two things. One, she was
13 incontinent of stool. And that generally gets
14 anybody attention when she's defecating on herself.
15 And then she had a seizer-like episode and had no
16 history of prior seizure-like episodes. And I'll
17 grant you the rest, that it would be hard to tell.
18 But once she had these seizure-like episodes, she
19 needed to be transferred to a hospital. That should
20 have been obvious. That she needed to be evaluated
21 by a physician.

22 Q. So the incontinence, is that related to
23 bacteremia or to drug withdrawals or both?

24 A. Don't know. It's not a common finding and
25 -- it's not something that, you know, you say